

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/052 33
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		1				
7		1		1		
8		1		6		
9		1		1		
10		1				
11	1		1			
12		1		1		
13				1		
14				6		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				15		
30			1			
31				1		
32				1		
33				1		
34				1		
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36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				12		
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		3			
TOTAL DEP.	14		72			
TOTAL CLAIMS	16		75			

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
53				
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				